

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28221

☒ Please change the correspondence address for the patent applications/patents listed on the attached Statement under 37 CFR 3.73(b) to:

☒ The address associated with
Customer Number:

28221

OR

☒ Firm or
Individual Name

Lowenstein Sandler PC

Address

65 Livingston Avenue

City

Roseland

State

NJ

Zip **07068**

Country

US

Telephone

973-597-2500

Email

epietrowski@lowenstein.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Francis X. Colford

Date

10/21/07

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.